|                                                                                                                                                                                                           |                                                                     |                                          |                                  |                                  |                     |                                 |                   | Application or Docket Number |                        |        |                     |                        |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------|----------------------------------|----------------------------------|---------------------|---------------------------------|-------------------|------------------------------|------------------------|--------|---------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECOR                                                                                                                                                                |                                                                     |                                          |                                  |                                  |                     |                                 |                   |                              | łD                     |        |                     |                        |  |  |
| Effective October 1, 2003                                                                                                                                                                                 |                                                                     |                                          |                                  |                                  |                     |                                 |                   | 10757583                     |                        |        |                     |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                            |                                                                     |                                          |                                  |                                  |                     |                                 | SMALL ENTITY TYPE |                              |                        | OR     | OTHER               |                        |  |  |
| TOTAL CLAIMS                                                                                                                                                                                              |                                                                     |                                          | 20                               |                                  |                     |                                 | RAT               | E                            | FEE                    | 1      | RATE                | FEE                    |  |  |
| FOR                                                                                                                                                                                                       |                                                                     |                                          | NUMBER FILED                     |                                  | . NUMBER EXTRA      |                                 | BASIC FEE 385.00  |                              | 385.00                 | OŘ     | BASIC FEE           | 770.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                   |                                                                     |                                          | 21) minus 20=                    |                                  | •                   |                                 | X\$ 9=            |                              |                        | OR     | X\$18=              |                        |  |  |
| INDEPENDENT CLAIMS                                                                                                                                                                                        |                                                                     |                                          | minus 3 =                        |                                  |                     |                                 | X43=              |                              | •                      | OR     | X86=                |                        |  |  |
| ML                                                                                                                                                                                                        | LTIPLE DEPEN                                                        | NDENT CLAIM P                            | RESENT                           |                                  |                     |                                 | +145=             |                              |                        | 1      | .000                |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                  |                                                                     |                                          |                                  |                                  |                     | TOTA                            |                   |                              | OR                     | +290=  |                     |                        |  |  |
|                                                                                                                                                                                                           |                                                                     |                                          |                                  |                                  |                     |                                 |                   | \L                           |                        | OR     | TOTAL               | 770                    |  |  |
| 1                                                                                                                                                                                                         | CLAIMS AS AMENDED - PART II U7/(54 (Column 1) (Column 2) (Column 3) |                                          |                                  |                                  |                     |                                 | SMALL ENTITY      |                              |                        | OR     | OTHER<br>SMALL      |                        |  |  |
| AMENDMENT A                                                                                                                                                                                               |                                                                     | CLAIMS REMAINING AFTER AMENDMENT         |                                  | HIGH<br>NUME<br>PREVIO<br>PAID I | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA                | RAT               | Ε                            | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|                                                                                                                                                                                                           | Total                                                               | - 18                                     | Minus                            | · 2                              | ,O                  | = /                             | X\$ 9             | =                            |                        | ÖR     | X\$18=              |                        |  |  |
|                                                                                                                                                                                                           | Independent                                                         | * /                                      | Minus                            | ***                              | ろ                   | =                               | X43:              |                              |                        | OR     | X86=                |                        |  |  |
|                                                                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                      |                                          |                                  |                                  |                     |                                 | 145               |                              |                        |        | +290=               | ·                      |  |  |
|                                                                                                                                                                                                           |                                                                     |                                          |                                  |                                  |                     |                                 | +145<br>TOI       |                              |                        | OR     | TOTAL               |                        |  |  |
|                                                                                                                                                                                                           |                                                                     |                                          |                                  |                                  |                     |                                 |                   | EE                           |                        | OR     | ADDIT. FEE          |                        |  |  |
|                                                                                                                                                                                                           |                                                                     | (Column 1) CLAIMS                        |                                  | (Colun                           |                     | (Column 3)                      |                   |                              |                        |        |                     |                        |  |  |
| AMENDMENT B                                                                                                                                                                                               |                                                                     | REMAINING<br>AFTER<br>AMENDMENT          |                                  | NUME<br>PREVIO<br>PAID I         | BER                 | PRESENT<br>EXTRA                | RATE              | =                            | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|                                                                                                                                                                                                           | Total                                                               | *                                        | Minus                            | **                               |                     | = .                             | X\$ 9             | -                            |                        | OR     | X\$18=              |                        |  |  |
|                                                                                                                                                                                                           | Independent                                                         | •                                        | Minus                            | ***                              |                     | =                               | X43=              |                              |                        | OR     | X86=                |                        |  |  |
|                                                                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                      |                                          |                                  |                                  |                     |                                 | +145:             | _                            |                        | OR     | +290=               |                        |  |  |
| TOTAL                                                                                                                                                                                                     |                                                                     |                                          |                                  |                                  |                     |                                 |                   |                              |                        |        | TOTAL               | •                      |  |  |
|                                                                                                                                                                                                           |                                                                     |                                          |                                  |                                  |                     |                                 |                   | EE L                         |                        | OR ,   | ADDIT. FEE          |                        |  |  |
|                                                                                                                                                                                                           |                                                                     | (Column 1)<br>CLAIMS                     |                                  | (Colun                           |                     | (Column 3)                      |                   |                              | i                      | · •    |                     |                        |  |  |
| AMENDMENT C                                                                                                                                                                                               |                                                                     | REMAINING<br>AFTER<br>AMENDMENT          |                                  | NUME<br>PREVIO<br>PAID F         | BER<br>USLY         | PRESENT .<br>EXTRA              | RATE              |                              | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|                                                                                                                                                                                                           | Total                                                               | *                                        | Minus                            | **                               |                     | 3 .                             | X\$ 9=            | .                            |                        | ОЯ     | X\$18=              |                        |  |  |
|                                                                                                                                                                                                           | independent                                                         | *                                        | Minus                            | ***                              |                     | -                               | X43=              | 1                            |                        | OR     | X86=                |                        |  |  |
| ٩                                                                                                                                                                                                         | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                      |                                          |                                  |                                  |                     |                                 | -                 | +                            |                        | Un     |                     |                        |  |  |
| +1                                                                                                                                                                                                        |                                                                     |                                          |                                  |                                  |                     |                                 |                   |                              |                        | OR     | +290=               |                        |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter. "20."  ADDIT. FEE  ADDIT. FEE |                                                                     |                                          |                                  |                                  |                     |                                 |                   |                              |                        | OR ,   | TOTAL<br>ADDIT. FEE |                        |  |  |
|                                                                                                                                                                                                           | t the "Highest Nu<br>The "Highest Num                               | mber Previously Pa<br>ber Previously Pai | is ror in THI<br>i For (Total or | o SPACE &                        | nt) is the          | n 3, enter 3.<br>highest number | found in the      | арр                          | ropriate box           | in col | umn 1.              |                        |  |  |
|                                                                                                                                                                                                           |                                                                     |                                          |                                  |                                  |                     |                                 |                   |                              |                        |        | •                   | 1                      |  |  |

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